

California State Journal of Medicine.

Owned and Published Monthly by the

Medical Society of the State of California

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State Journal,
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VOL. VII SEPTEMBER, 1909.

No. 9

EDITORIAL NOTES.

The value of various physical agencies in the treatment of disease has been recognized for many years, but for the development of physical therapeutics in the modern sense we are indebted to the investigations of the past decade. To Bier particularly we owe much for placing certain phases of the subject on a rational and scientific basis. He has clearly shown and emphasized the role of active and passive hyperæmia in the recovery of diseased tissue, and he amongst others has demonstrated that of the different physical agencies heat is the best for the production of active hyperæmia. Its use as a household remedy is as old as the history of disease itself, but its employment in the form of hot air is comparatively recent.

Bier has employed heat in the form of hot air in many surgical conditions with marked success, and ever increasing reports attest its therapeutic value in both surgical and medical diseases. More recently its application has been extended to the domain of gynecological affections with encouraging results, as shown by the excellent paper recently published by Gellhorn (American Journal of Obstetrics, July, 1909). The hot air is applied in two ways: 1, by means of hot-air boxes or chambers; 2, by the hot-air vaginal douche. In the experience of Stein, Gell-

horn and others, the latter has not given good results, but of the excellent effects of the former all speak in the highest terms.

The hot-air chambers are so constructed as to fit over the patient's abdomen and hips, and by means of alcohol, gas or electric lamps, the temperature of the enclosed atmosphere is raised to 200 degrees or more. The time of exposure varies from ten to thirty minutes or even longer in some cases. The amount of heat which patients can stand under these circumstances is remarkable. Physiological researches, however, have shown that when individuals are placed in a heated atmosphere, the rise in body temperature is proportionate to the heat-conducting properties of that atmosphere. It has also been shown that water is a good conductor of heat, while water-free air is a poor one, which explains why patients are able to stand the temperatures to which they are submitted in this treatment. Naturally, the dryer the hot air, the better are they able to stand high temperatures. Many years ago Tillet demonstrated that individuals could stand with impunity a hot-air atmosphere of 269.6 degrees for twenty minutes. In these experiments the body temperature rose only to about 102 degrees.

Since under the stimulating influence of heat the sweat glands become active and sooner or later the enclosed previously dry atmosphere becomes more or less saturated with moisture, and consequently a better conductor of heat, it has been found advisable to ensure the constant dryness of the atmosphere, to place in the chamber, as suggested by Wilson and Reither, calcium chloride which, by virtue of its hygroscopic qualities, absorbs the evaporated perspiration. In this way the temperature has been raised as high as 300 degrees as recommended by certain German authors.

The sensations of the patient during the treatment consist at first of a feeling of comfort, which later, when the temperature reaches 180 degrees, is followed by a feeling of great discomfort. With each subsequent treatment, however, this discomfort diminishes, so that after a few applications the patients will bear the baking process for a half hour without any complaint. As the temperature is raised the pulse rate is accelerated. The patients perspire profusely over the entire body, particularly on the abdomen. The skin of the exposed parts becomes intensely red, either diffusely or in more circumscribed areas. In some cases, dark brown zones remain which are due to the pigment of destroyed corpuscles; these pigmentations disappear in time. Heinsius and Gellhorn have both observed large quantities of secretion pouring from the cervix. There are on the whole very few untoward symptoms associated with this treatment. Burns of a mild degree may occur, but should be avoided with proper precaution. Bürger occasionally noted in weak and anæmic patients excessive fatigue, palpitation of the heart, vertigo and even nausea, but these symptoms Gellhorn ascribes to the excessive degrees of heat—up to 280—used in these cases.

The usefulness of hot-air therapy in gynecological diseases has been particularly shown in the relief and

tions, and one patient was salivated, but he recovered rapidly on the withdrawal of the drug and seemed none the worse for the experience.

I believe the action of mercury in tuberculosis is that of a tonic and that it is especially useful in those cases that are markedly anemic and in cases complicated by syphilis, inherited or otherwise.

Dr. B. L. Wright certainly deserves great credit for bringing this treatment to the attention of the profession and in properly selected cases, has undoubtedly given us another weapon in the great warfare against tuberculosis.

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SOCIETY REPORTS SAN FRANCISCO COUNTY.

Regular Meeting, May 11th, 1909.

Demonstration of specimens by Dr. Chas. G. Levi-son:

The first specimen was removed from a girl 23 years of age who gave a most unusual family history of tuberculosis. One sister and a grandmother died of consumption; one brother had a white swelling, one had necrosis of the bone which made an amputation below the knee necessary; one sister had weak lungs and the mother lost an eye from scrofula when she was 2½ years of age; otherwise her previous history was of no interest.

The X-ray picture showed a disorganization of bone by a structure which seemed to be springing from the medullary substance. In view of the tuberculous history given, this disease could not be ruled out. At the operation just as soon as the skin was incised, a bluish tumor presented which when penetrated bled so profusely that it was necessary to apply an Esmarch on the thigh as well as to make a firm compression of the femoral artery. The tumor was removed as far as possible by curettage, the object being to treat the sarcoma, which it surely was, by conservative measures. More particularly was this done in view of what statistics have recently shown to be the most desirable procedure. Packing was very firm and the patient was put to

bed with the Esmarch in position with the bleeding thoroughly controlled. The patient did well for 14 days when it was recognized that there was a recurrence of the growth at the site of the wound. In view of this a hip joint amputation was decided upon and performed immediately. The operation was carried out without the loss of a tablespoonful of blood, the Wyeth pins being used for hemostasis.

There was no reaction as a result of the operation; subsequently there was a recurrence in the groin where a large mass the size of an infant's head formed. Death occurred a few days ago, the patient having survived the operation by about four months. The tumor had involved the entire shaft of the femur up to the articulating surface of the head, the medullary substance of this structure having been almost entirely supplanted by the tumor growth. Microscopically the growth was found to be a mixed sarcoma, of large and small cells. This tumor which is known to be exceedingly malignant is usually followed by a rapid recurrence whether a radical operation is performed or not.

The second specimen was removed at autopsy from a woman aged 37 whose family history was negative. She gave a history of having been ailing for 12 months during which time she had been aspirated 12 or 14 times. There was a great loss of weight, some cough with little or no expectoration and the patient was profoundly cachectic. When seen by me she was running an evening mouth temperature ranging from 102½° to 103°.

Examination: Her eyes were prominent to the extent of an exophthalmus. The breathing was very rapid and was thoracic in character. The patient could not lie anywhere but on her left side and she was compelled to sit quite upright to breathe with any degree of comfort; her complexion was pale and muddy.

There was a mass of discrete glands at the outer side of a hard tumor which had obliterated the supraclavicular space on the left side of the neck and had extended backwards to the trapezius muscle. The right supraclavicular region was uninvolved. The tumor on the left side was densely hard and the size of a hen's egg. It seemed to be pushing upwards behind the left sternoclavicular articulation from the mediastinum. The mass extended behind the sternum so that its lower border could not be palpated. The upper border could be definitely outlined, however. There was no pain elicited upon pressure. The axillary glands were enlarged. Pulse was 124.

Anteriorly. There was a marked dullness covering the entire left side of the thorax which extended three finger-breadths to the right of the right border of the sternum. Posteriorly, a similar condition existed. The respiratory murmur was heard on the right side and was accompanied by squeaking rales. The breathing on the left side was quite loud at the base of the lung but it was unsatisfactory to interpret on account of the adventitious sounds that the patient made with her mouth as a result of the dyspnea. It was evident that there was a growth at the root of the left lung which extended through the thoracic opening behind the sternum. An X-ray picture which was taken with the patient in an upright position revealed a dense opacity of the left half of the chest which extended a hand's-breadth beyond the median line towards the right side. The remaining part of the right side of the thorax was quite clear and free from opacity.

Examination of the blood revealed nothing of importance. The patient was aspirated and about 600 c.c. of a straw-colored fluid were removed. The report of the cytological examination was as follows:

Exudate very fibrinous coagulating rapidly; there are no tubercle bacilli present; there is no lymphocytosis; leukocytes are very few and are mostly of the polymorphonuclear variety. A shred of tissue

been in your hands for review that length of time?
Yours very truly,

J. B. LIPPINCOTT CO.

[The review referred to was written by Ferdinand Freytag, Ph. D., and through error no credit was given him.—Ed.]

NEW AND NON-OFFICIAL REMEDIES.

Articles accepted for N. N. R.:

Alypin Tablets, 3 1-3 grs., 1 1-8 grs., 1-3 gr., 3-4 gr. (Farbenfabriken of Elberfeld Co.).

Helmitol Tablets, 5 grs. (Farbenfabriken of Elberfeld Co.).

Sabromin Tablets, 8 grs. (Farbenfabriken of Elberfeld Co.).

Veronal-Sodium Tablets, 5 grs. (Farbenfabriken of Elberfeld Co.).

Thyresol (Farbenfabriken of Elberfeld Co.).

Novocaine Nitrate (Koechl & Co.).

Holadin & Bile Salts (Fairchild Bros. & Foster).

Oxone (Roessler & Hasslacher Chemical Works).

Apinol (Apinol Chemical Co.).

Articles accepted for N. N. R. appendix:

Tablets Atoxyl 1-3 gr. (Sharp & Dohme).

Tablets Novocaine Soluble 1.14 gr. (Sharp & Dohme).

Tablets Novocaine 1-3 gr. (Sharp & Dohme).

Tablets Novocaine 1-3 gr. (Sharp & Dohme).

Ampules Atoxyl Solution 10% (Sharp & Dohme).

Ampules Atoxyl Solution 10% and Novocaine 1% (Sharp & Dohme).

Massolin (Lederle Laboratories).

Triferrol:

Triferrol: The agency for these products has been transferred from C. Bischoff & Co. to Knoll & Co.

PROGRESS IN CUBA.

With the beginning of the present fiscal year the Republic of Cuba established a Bureau of Information, President Gomez appointing Leon J. Canova, an American newspaper man, who has resided in Cuba eleven years and has a wide acquaintance with the Island, as its director.

Parties wishing information of any nature concerning Cuba can obtain same, free of charge, by writing to Leon J. Canova, U. and I. Bureau, (Utility and Information Bureau), Department of Agriculture, Commerce and Labor, Havana, Cuba.

A FINE BEQUEST.

Through settlement of the contest over the will of the late Frederick Hewitt of Owego, N. Y., the New York Post Graduate Medical School and Hospital will receive the major portion of its \$2,000,000 bequest, and large improvement and building plans are being considered.

BOOK REVIEWS

The Ophthalmic Year Book, Volume vi. By Edward Jackson, A. M., M. D. Professor of Ophthalmology in the University of Colorado. Geo. E. de Schweinitz, A. M., M. D., Professor of Ophthalmology in the University of Pennsylvania. Theodore B. Schneideman, A. M., M. D., Professor of Ophthalmology in the Philadelphia Polyclinic. The Herrick Book & Stationery Company, Denver, Colo., 1909.

To-day it is essential for one practicing medicine to be thoroughly abreast of the times, and owing to the tremendous increase in the number of publications it is beyond the endurance of the individual to digest and assimilate even half of the current literature. Hence, such reviews as the above

are a necessity and their value is dependent solely upon their reliability and, so to speak, readability.

The present volume is most systematically arranged, both views of a subject being presented and generally only the most reliable ones.

Beginning with the biographical notices of the late practitioners of ophthalmology the various subjects of diagnosis, hygiene, etc., etc., are presented serially and in good sequence.

The volume covers the literature of the year 1908 fully and in more important subjects a few facts are given of the work accomplished in the previous years.

The paper is good, the print clear and numerous illustrations illuminate the text. The index is very complete and should in itself be a guide to one looking more fully into any subject.

I can recommend this work most highly, for such honest, painstaking and competent work should be appreciated.

W. S. F.

Diseases of the Bones and Joints. By J. E. Goldthwait, M. D., C. F. Painter, M. D., and R. B. Osgood, M. D. Publishers: D. C. Heath & Co., Boston, Mass.

These clinical studies are designed to give the physician in general practice an insight into the more common forms of bone and joint disease. The authors have shown great care in the arrangement and presentation of their subject matter and their statements are clear and concise, general deductions being well illustrated by case histories. "Painstaking bedside observations," they say, "are of more real value, taken by themselves, than the most minute pathological researches," and the book everywhere emphasizes the importance of careful and exhaustive bedside study.

Methods of physical examination are dwelt upon at length and these chapters are particularly valuable. The many illustrations, all of which are original, serve well to illustrate the text. The subject-matter has been chosen with discrimination by these specialists and the practitioner will find in its pages much to guide and direct him in this difficult field of surgery.

R. R.

Tuberculosis: A Preventable and Curable Disease.

By S. Adolphus Knopf, M. D. Publishers: Moffat, Yard & Co., New York.

In his preface the author tells us that this work is intended to be of use to the patient, his family nurse and physician; to the hygienist and sanitarian; to municipal and health authorities; to legislators, employers, clergy and philanthropists, etc.—in fact, to anyone in any manner whatsoever connected with or interested in the subject of tuberculosis. It is primarily a book for the layman, aiming to teach him that the disease is a preventable and curable one and to acquaint him with certain fundamental facts of importance. To the physician the book is intended to be helpful by enabling him to give detailed instructions to his patients and by suggesting means of curing the tuberculous poor in crowded cities where sanatoria are unavailable.

The reputation of the author in the field of tuberculosis is sufficient guarantee of the soundness of the advice given. The work is very fully illustrated, chiefly by photographs which are in all cases excellently reproduced. Particularly interesting and instructive are the illustrations showing how the poor city-dweller may manage to secure a substitute for out-of-door treatment by simple adaptations in his own home. It is especially here that the physician may obtain useful hints.

Occasional inaccuracies or misstatements occur but in general these are of very minor importance. Future editions of the work should correct the state-

treatment outlined, we must feel that from the results obtained in the best clinics of the world, that one should be cautious in employing the many methods which truly may have their value in certain cases. I refer especially to the injection of fluids, and the passage of bougies through the Eustachian tube.

While dealing with the necessity of operating radically in certain cases of chronic purulent Otitis Media, he states the question of prognoses very fairly. We must recognize the experience which dictates the following: "The occurrence of incurable aural suppurations after the radical operation must not astonish us, if we take into consideration that the bone affection may extend to parts of the pyramid which can not be removed without danger to the labyrinth and to the facial nerve."

At this time, no part of this long subject is of more vital interest than that dealing with labyrinthine and brain complications. To quote again: "Labyrinthine suppuration must be reckoned to the most frequent anatomical causes of intracranial complications arising from the temporal bone; their significance in reference to otitic meningitis and brain abscess will be discussed in the following paragraphs."

The diagnoses and treatment of this yet but little explored field is conservatively given. One feels, however, that the author might well have devoted more space to a fuller consideration of the more recent experimental work on this subject.

The book is in every way up to its previous high standard and will be a welcome addition to the literature on the ear.

EDWARD C. SEWALL.

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